

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7		1				
8	1					
9		1				
10		1				
11	1					
12		1				
13		1				
14	1					
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16		1				
17		6				
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50						
TOTAL IND.	6					
TOTAL DEP.	22					
TOTAL CLAIMS	28					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						